

PERIOD		DATE		TREATMENT FACILITY			
FROM	TO						
RATED BY		PRIVILEGES PERFORMED BY					
TITLE							
PRIVILEGES			RECOMMENDATIONS BY DEPT./SVS. CHIEF				
Privileges evaluation will be based on thorough appraisals of clinical performance.			ACCEPT- ABLE	BORDER- LINE	UNACCEPT- ABLE	REQUIRES ADDL. EDUCATION	SELDOM EXER- CISED
1. Acute Illnesses <i>(Continued)</i> .							
	bb. Sinusitis.						
	cc. Infectious mononucleosis.						
	dd. Influenza.						
	ee. Urinary tract infection.						
	ff. Cystitis.						
	gg. Ingrown toenail.						
	hh. Fungal infection.						
	ii. Common dermatology problems.						
	jj. Sebaceous cyst.						
	kk. Lipoma.						
	ll. Keratitis.						
	mm. Basal cell.						
	nn. Ganglion.						
	oo. Tension headaches.						
	pp. Other <i>(Specify)</i>						
2. Stable Chronic Illnesses							
	a. Anemia.						
	b. Angina.						
	c. Chemotherapy.						
	d. Congestive heart failure.						
	e. Chronic obstructive pulmonary disease.						
	f. Diabetes.						
	g. Estrogen therapy.						
	h. Gout.						
	i. Hyperlipoproteinemia.						
	j. Hypertension.						
	k. Hyperthyroidism.						
	l. Hypothyroidism.						
	m. Migraines.						
	o. Obesity.						
	p. Osteoarthritis.						
	q. Osteoporosis.						
	r. Uncomplicated Peptic Ulcer Disease.						
	s. Rheumatoid Arthritis.						

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1. Acute Chronic Illnesses (Continued).						
t.	Tuberculosis Prophylaxis.					
u.	Other (Specify)					
Diagnostic Procedures (Check).						
a.	Order routine lab tests on blood, secretions, and urine.					
b.	Order selected radiologic studies.					
c.	Order EKGs.					
d.	Collect culture and smear specimens.					
e.	Perform PAP smears.					
f.	Other (Specify)					

COMMENTS (Borderline and unacceptable ratings will be addressed.) (Use reverse if needed.)

RATER'S SIGNATURE	DATE
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